

OPEN RECORDS REQUEST FORM  
SELF-INSURANCE BRANCH

**Department of Workers' Claims**  
**657 Chamberlin Ave**  
**Frankfort, KY 40601**  
**Phone: 502-564-5550**  
**Fax: 502-564-0916**  
**Email: KYWC.SELFINSURANCE@ky.gov**

Please clearly and precisely identify the information you are requesting and your intended purpose. Use additional sheets, if needed. We will provide you with an estimate of the charges which must be paid before the information is mailed.

DOCUMENT(S) REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF PURPOSE**

AS THE INDIVIDUAL OR ENTITY REQUESTING PUBLIC RECORDS,

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
BILLING ADDRESS

HEREBY CERTIFIES THAT THE REQUESTED PUBLIC RECORDS SHALL BE USED FOR  
? NON-COMMERCIAL PURPOSES  
? COMMERCIAL PURPOSES AS DESCRIBED:

**FURTHERMORE**, THE INDIVIDUAL OR ENTITY REQUESTING PUBLIC RECORDS  
HEREBY ACKNOWLEDGES THAT IT IS UNLAWFUL TO OBTAIN A COPY OF ANY PART  
OF A PUBLIC RECORD FOR A

1. COMMERCIAL PURPOSE WITHOUT STATING THE COMMERCIAL PURPOSE; OR
2. COMMERCIAL PURPOSE IF THE PERSON USES OR KNOWINGLY ALLOWS THE  
USE OF THE PUBLIC RECORD FOR A  
DIFFERENT COMMERCIAL PURPOSE; OR
3. NON-COMMERCIAL PURPOSE IF THE PERSON USES OR KNOWINGLY ALLOWS  
THE USE OF THE PUBLIC RECORD FOR A COMMERCIAL PURPOSE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE